# CERTIFICATION AND THE SPECIALTY BOARD*

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PUBLIC expectations with respect to health services are focusing increasing attention upon the medical educator who is responsible for the development of undergraduate, graduate, and postgraduate training programs and upon the efficacy of these programs in meeting current and future health needs. This has resulted in a widespread review of the present patterns of advanced professional education, particularly as they apply to residency training. For the past decade the period of residency training has been reported on by various commissions, which have concluded that the method of graduate professional training is deficient in some aspects and that reforms are needed.

On the basis of my experience in the United States and Canada with the process of specialty certification, I believe that the raison d'etre for this mechanism from the point of view of internal medicine and its subspecialties—therefore, its most essential function—is the protection of the interest of the public. This is accomplished through the establishment and maintenance of standards of training and qualification for the physician who renders specialized care.

The objectives of a specialty board or its equivalent are to further the excellence of that professional training and the standards of practice in the various specialties comprising internal medicine. The board mechanism contributes to the improvement of health care by providing designations which assure the public that a physician is properly qualified to practice his particular specialty. In providing these designations the board: 1) establishes requirements for graduate training which are related to its procedures of evaluation, 2) attempts to influence the

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standards which are required by hospitals and other institutions that provide such graduate training, 3) aids in the assessment and approval of programs in hospitals and institutions that provide graduate training in internal medicine and its subspecialties, 4) assesses the credentials of candidates for the evaluation procedures of the board, and 5) conducts procedures to determine the competence of the candidate.

In view of the forces of change in our social system, it is becoming increasingly evident that accreditation and evaluation in the view of much of society no longer can be a prerogative of any profession, but must be an act of social control in which the public and the profession mutually collaborate.

In dealing with the question "Who is to be responsible for specialty labeling or certification?" I shall examine which organizations in our present system have a stake in the advanced professional training of physicians and which, at least theoretically, might play a role or dominate this process. By this means we can develop a series of options.

1) *The universities*, through affiliated or university-owned and operated hospitals, form the traditional base for graduate training. In most academic medical centers the faculties of clinical departments are responsible for extensive programs of residency training which are almost entirely conducted in hospital settings. In more than half of such centers the university actually owns and operates these hospitals.

There is no substitute for the continued interest of universities and medical schools in the welfare of their graduates. A considerable degree of supervision by a university offers the best prospect for any type of major reform, because it is the responsibility of the universities—and through them the medical schools—to determine the aspects of the training programs which they will provide. A slowly growing number of professional bodies agree that all responsibility for the graduate education of physicians, regardless of where it takes place, must be accepted by medical schools and the universities which they represent. A supervisory organization must be established to assume the task of indicating the general requirements and minimum standards for this education within the context of the needs of contemporary society. Such standards must be flexible and must incorporate potentials for change. Mechanisms also must be evolved for a constant dialogue among the organizations concerned with the process of postgraduate education. To accomplish this, more effort also must be applied to developing tools

to continuously assess the trainee throughout his postgraduate experience. The results of such an evaluation should be of assistance to the individual in his ultimate choice of a career; it could also help the faculty to gauge the rapidity with which that individual should achieve this aim. It seems mandatory that any system of assessment should facilitate the earliest possible identification of a trainee who appears unsuited for the specific career he has chosen.

On the basis of this philosophy, the American Board of Internal Medicine (ABIM), through its Certification of Clinical Competence, has placed an increased responsibility upon program directors and their advisory committees for ensuring both cognitive and noncognitive skills in their trainees prior to their exposure to the formal examination procedures of the board. Similar activities are taking place in Canada under the auspices of the Royal College of Physicians and Surgeons and certain provincial colleges.

2) *The Association of American Medical Colleges* considers that problems of postgraduate medical education fall within its general frame of reference, and that it therefore should be deeply concerned with residency training. However, its entry into the system of evaluating trainees in postgraduate medical education would require the mobilization of major additional human and fiscal resources, and would, in the final analysis, make use of almost comparable human resources to those which are mobilized by the ABIM for the process of certification.

3) *The American Board of Medical Specialties*, which represents a host of specialty boards, through its accrediting role has influenced the graduate training of physicians. It is generally agreed that the eligibility requirements for specialty examinations (and the content and format of the examination procedures themselves) greatly affect patterns of training. This influence has been a strength when the specialty board concerned has taken an enlightened approach to its responsibilities, but progress was hindered by the conservative and inflexible attitudes of other boards. The old Advisory Board of Medical Specialties in fact had not been an effective organization and specialty boards have gone their individual ways. This autonomy also had been advantageous in the case of boards with a progressive outlook and a history of competence and detrimental in protecting the mediocre or reactionary operation of others. The role of the specialty boards in the maintenance of standards deserves review.

The view that specialty certification is an acknowledgement of quality but not essential to the practice of medicine, has often been used in the past to conscientiously uphold public trust. Serious consideration should be given to extending this trust to all medical practice, perhaps through our procedures for licensure.

In examining the future role of specialty boards, consideration should also be given to the increasingly frequent suggestion that specialty accreditation should be left to the faculties of medicine of the individual universities. The probability that such a policy would result in tremendous variability in the quality of physicians also should be probed. Without external accrediting agencies, the end products of graduate medical education programs could be as variable as the end products of other graduate programs.

Each specialty board should include members from outside its particular specialty, because external points of view add perspective. Perhaps I am biased by my own training and interest, but I believe that general representation from internal medicine and pediatrics on the specialty boards of narrower disciplines would greatly broaden their medical training.

With the reorganization of the Advisory Board of Medical Specialties to become the American Board of Medical Specialties (ABMS), the opportunity for major reform has once more appeared. Can the mediocre and reactionary attitudes of some of its members be influenced in a major way by the progressive outlook of other members? To answer in the affirmative I predict that the ABMS will have to ask members to yield many of their old preogatives and, perhaps, finally to cede all their corporate independence to the authority of the ABMS.

The community representation in such bodies since the creation of the ABMS is also a positive step. Such individuals can look at the problems of postgraduate medical education from viewpoints based on contemporary needs rather than on tradition.

4) *The Council on Medical Education of the American Medical Association*, has also been in a position where its influence on graduate training could be felt. As a nonmember of the council who was deeply involved in training, I believe that its influence on the graduate phase of M.D. training has been excessive—particularly concerning the process of accreditation.

5) *Professional specialty-oriented organizations*, such as the Amer-

ican College of Physicians and the American College of Surgeons, have had a broad effect on educational patterns, while organizations such as the American Heart Association have played a narrower role. I am fearful of having specialty organizations responsible for the process of certification. I would never deny them an influence on the process, but would be fearful that full responsibility might lead to many of the abuses evident in the "arts and crafts" unions or guilds today.

6) *Association of academic department heads*, such as the Association of American Professors of Medicine, have a vital concern with these problems since their views have an enormous impact upon the patterns of graduate training in which physicians engage. Their role at the operational level is critical to the process of graduate medical education. Mechanisms must be sought to make them more active in the process of evaluation. I have already alluded to the increased responsibilities which the ABIM and the Royal College of Physicians and Surgeons have placed upon these individual departments through the program for Certification of Clinical Competence.

7) *Boards of management of hospitals* which are not strongly affiliated with universities or university hospitals, *local medical societies*, and —perhaps to a lesser degree—*state licensing bodies*, have been able to influence decisions concerning postgraduate training. Their influence has often been dictated by concern for the service aspects of that training, rather than with its educational goals. Canadian provincial Colleges of Physicians and Surgeons, corresponding to state licensing boards in the United States, have also shown a mounting interest in certain areas of postdoctoral training.

8) *The Coordinating Council on Medical Education* (CCME) has appeared upon the American scene too recently to predict its role and effectiveness upon the process of evaluation.

9) *The Liaison Committee on Graduate Medical Education* (LCGME) is also a new potential contender in the evaluation process. From my contacts with the distinguished members of this body, I have received the impression that their highest priority is dealing with the problems of the process of accreditation of postgraduate medical education—a laudatory objective.

10) *The Department of Health, Education, and Welfare* or some other agency of the federal government can influence medical education through the formation of a National Institute of Medical Educa-

tion under the auspices of the National Institutes of Health (NIH). The history of the NIH is impressive indeed. The growing commitment on the part of the federal government to the expenditure of money for medical education and hence its assumption of responsibility for ensuring the most efficient use of that money is a cogent argument in favor of this approach. The concept deserves serious consideration, despite the traditional suspicion of both the medical profession and educators toward the direct involvement of government in this area.

11) *The Institute of Medicine* could form a group under its present structure to influence the training of physicians but, as with the CCME and the LCGME, it has decided that other objectives have a higher priority.

12) *The National Board of Medical Examiners* (NBME) through the publication of its Goals and Priorities Committee Report also becomes a contender, as it is a centralized facility available as a focus for the procedure of certification. My own fear—often expressed previously—is the specter of one monopolistic organization responsible for evaluation at all levels of the continuum of medical education and of certain paraprofessionals such as physician extenders. In this day of governmental fiat, such a centralized facility would be highly vulnerable.

Which option do I favor? I would like the historical development of the process of certification further refined through the voluntary system. If specialty boards and the ABMS fail to meet the obvious challenge offered to them, then the other options should be more carefully examined, including the one that looms largest in my thinking: government—i.e., federal, state, and perhaps municipal control.

Time has not permitted me to deal with the defects of the present system of specialty certification based on the American view that an organization cannot be judge and jury—that accreditation and certification must remain separate functions under different systems of organizational control. A discussion of that subject is taking place elsewhere in the world with respect to the control of the performance of physicians. The last decades have seen great changes in medicine. There is every reason to believe that these advances will accelerate in the coming decades. It is imperative that the medical-education establishment keep pace with these changes and in so doing encourage flexibility and experimentation in the planning of postdoctoral training. There is no single pathway to success.